



PARKWISE PROGRAM APPLICATION

Non-Residential Permit Application

Office Use Only

Permit Numbers:	<input type="text"/>	Zone:	<input type="text"/>
Hangtag:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Space #	<input type="text"/>
Location:	<input type="text"/>		
Neighborhood	<input type="text"/>	Quadrant	<input type="text"/>
St. ID#:	<input type="text"/>	Staff Initials	<input type="text"/>
Issue Date:	<input type="text"/>		
Expiration Date:	<input type="text" value="July 31, _____"/>		

INSTRUCTIONS: Please complete the entire application with accurate information. Each applicant must sign this form. A current valid driver's license and a current registration for each vehicle is required to purchase permit. If you have any questions, please call the ParkWise/TEAM Office at 791-5071.

First Name: _____ Middle Initial: _____ Last Name: _____

Phone: _____ Last 4 digits of SS#: _____ or Driver's License #: _____

Street Address: _____

Apt. #: _____ City: _____ State: _____ ZipCode: _____

Email Address: @

☐ Zone 1 permits
(\$400.00 each)

☐ Zone 2 permits
(\$300.00 each)

☐ Zone 3 permits
(\$200.00 each)

☐ Zone 4 permits
(\$100.00 each)

☐ I am requesting a "Transferable" Parking Permit (\$100.00 EXTRA in addition to permit price for, each permit issued)

1ST CHOICE

*Please include both the Hundred Block and Street Name

2ND CHOICE

*Please include both the Hundred Block and Street Name

What is the U/A building you are trying to park near? *If the two options are not available, we can assist you with finding the closest location.*

VEHICLE INFORMATION:

Name on Vehicle's Registration: _____

Relationship to Applicant: _____

License Plate: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____

**A copy of current registration must be present to process application*

VEHICLE INFORMATION:

Name on Vehicle's Registration: _____

Relationship to Applicant: _____

License Plate: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____

**A copy of current registration must be present to process application*

VEHICLE INFORMATION:

Name on Vehicle's Registration: _____

Relationship to Applicant: _____

License Plate: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____

**A copy of current registration must be present to process application*

Credit Card Purchase:

Please charge purchase to my Charge Card: (Check One)

Master Card: ☐ Visa: ☐ Discover: ☐ Expiration Date:

Credit Card Number:

Name of Cardholder:

Address: Zip Code:

Cardholder Signature:

**All information will need to be completed for Credit Card purchase to be processed.*

Please make your **check** or **money order** payable to: **CITY OF TUCSON**

**Please do not enclose cash when mailing in the application*

Total Amount Enclosed: \$

This Permit is valid **ONLY** on the vehicle that the permit is issued to. Displaying the permit on any other vehicle will result in a citation and cancellation of the permit. Non-transferable permits must be permanently affixed to rear window of assigned vehicle or the vehicle will be subject to citation.

☐

Please initial box acknowledging that you have reviewed the "Non-Residential Permit Program Policies" and that you understand that all sales are final.

I understand that the City Of Tucson can check any of the application's information to ensure that I meet the requirements of the Non-Residential Parking Permit Program. All the information on this application is true and accurate.

APPLICANT SIGNATURE DATE

Please return this application with the correct fee in the return envelope provided as soon as possible.

